

**AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL
INFORMATION ABOUT PERSONS RECEIVING SERVICES FROM
Paramount Development Association and Montgomery**

Name of Individual	Medicaid (MMIS) Number	County
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Authorizes **Paramount Development Association and Montgomery**

to disclose to the *Alcohol, Drug Addiction and Mental Health Services* (ADMSHS Board) from whom I am seeking funding for services, the Ohio Departments of Mental Health, Alcohol and Drug Addiction Services, and/or Job and Family Services (“Departments”), the information necessary to accomplish the following purposes:

- To enroll me in the Multi-Agency Community Services Information System (MACSIS), which is the shared computer payment system used by ADAMS Board and the Departments, to determine my eligibility for publicly-funded services, and pay claims for services I receive.

- To report information required by the ADAMS Board and/or Departments regarding characteristics of individuals seeking services and the services planning, evaluation purposes.

- To report information required by the ADAMS Board and/or Departments to measure effectiveness of services and evaluate treatment outcomes in my case and others like it.

- To report information, as required by Ohio law, about reportable incidents (including Major Unusual Incidents and reportable incidents for Residential Treatment Providers) that may occur while I am receiving services to the ADAMS Board and Departments.

- To share information and conduct investigations relevant to client’s rights issues and reportable incidents required by Ohio law that may occur while I am receiving services to the ADAMS Board and Departments.

I understand that the Paramount Development Association may disclose information necessary to be paid for mental health services even if I do not authorize disclosure. I must, however, authorize disclosure of information necessary for payment purposes in order to receive alcohol and drug addiction services. My treatment or payment for my services cannot be conditioned upon my giving authorization to disclose information for any purpose other than for payment of alcohol and drug addiction services.

I understand that the information disclosed is protected by law and may not be disclosed further without my written authorization or as otherwise permitted by law. I understand that I may revoke this authorization at any time, except to the extent action has been taken in reliance on it. I understand that Paramount Development Association cannot control the use of this information once it has been disclosed.

Signature of Individual/
Parent /Guardian

Date

Signature of Staff